

**OBJECTIVE HEARING AND VISION TESTING
MARYLAND HEALTHY KIDS PROGRAM**

Patient Name: _____ Birth Date: _____

Objective Vision Testing recommended at ages 4, 6, 11, 16 years

Date of Service: _____
Screened by: _____

Date of Service: _____
Screened by: _____

Ages 4 - 6:

Ages 7 - 20:

Visual acuity R _____ L _____

R _____ L _____

Muscle Near R _____ L _____

R _____ L _____

Balance Far R _____ L _____

R _____ L _____

Vision Fusion Pass _____ Fail _____

Hyperopia: Pass _____ Fail _____

Color Pass _____ Fail _____
Screens
(optional)

Pass _____ Fail _____

Comments: _____ Comments: _____

Objective Hearing Testing recommended at ages 4, 6, 11, 16 years

Date of Service: _____
Screened By: _____

Date of Service: _____
Screened By: _____

HZ 1000 2000 4000

HZ 1000 2000 4000

Rt, ____db _____

Rt, ____db _____

Lt, ____db _____

Lt, ____db _____

Comments: _____

Comments: _____
